2006-07 Adult Basketball League INFORMATION FOR MANAGERS AND SPONSORS



CITY OF RALEIGH PARKS & RECREATION DEPARTMENT ATHLETIC OFFICE, 2401 WADE AVENUE PHONE: 831-6836 FAX: 831-6470 WEB: www.raleighnc.gov

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

- 1. **REGISTRATION:** Will be held on **Oct. 16 19, 8:30 a.m. ~ 6:00 p.m.** at the Parks and Recreation Athletics Office.
- 2. REGISTRATION FEES:

All Fees Can Be Paid With A Check, Money Order, Master Card Or Visa

Made Payable To The City Of Raleigh

Return Check Charge \$20.00

TEAM ENTRY FEE: is \$425.00 per team. (Covers Regular-Season League Play Only) Full refunds are available until **Oct.** 23rd.

PLAYER PARTICIPATION FEES: All City of Raleigh Residents Participation Fees **are included** in the team entry fee. All Non-city residents **must** pay a **\$24.00** Participation Fee per Basketball Season. This amount should be included with the Entry Fee and only one check or money order written when making application

TOURNAMENT ENTRY FEE: is \$50.00 per team. All teams interested in participating in the City Championship Tournament must register by 6:00 p.m. on **Jan. 19th**.

- 3. **DIVISIONS OF PLAY**: Play is divided into several different divisions.
- **4.** <u>SCHEDULES AVAILABLE:</u> Schedules will be available **November 2rd** at the Athletics Office on Wade Avenue.
- **5. PRACTICE TIMES:** The league will be assigned a practice site. It will be the responsibility for each team to contact their practice site to schedule practice times. Due to the limited amount of space and time available, we cannot guarantee the availability of practice time.
- 6. ROSTER CHANGES: The first day roster changes may take place is Nov. 6.

 Players must be add to team rosters by 5:15 p.m. to be eligible for that night's game. Non-City

 Resident Roster additions must be done in person. City-Resident Roster additions can be done in person, faxed or mailed. A player is not considered to be on a team roster until all participation fees have been paid and a signed player addition form has been received at the Athletic Office. If an additional form is faxed or mailed, the player is not eligible until the Athletic Office receives it.
- 7. OPENING WEEK OF PLAY: Nov. 13th.

- 9. <u>DROP-OUTS:</u> Oct. 23rd is the last day teams can drop from the league and receive a full refund
- 10. **LAST DAY TO ADD:** players to team rosters is **Jan. 19**th.
- 11. <u>CANCELLED GAMES:</u> Managers are responsible for calling the Athletic Leisure line at 831-6575 to determine if games will be played. Make-up games will be played at the end of the season (often on dates other than your normal nights of play). One attempt will be made for the make-up of postponed games.
- **12. TEAM TROPHIES OR PLAQUES:** will be awarded to League Champs and Tournament runner-up. Tournament Winners will receive individual awards.
- 13. <u>UNIFORMS:</u> Each team is responsible for providing their own uniforms. Team uniforms must be the same color with number. Duplicate numbers will not be permitted and numbers should be legal. (Ex. digits less than or equal to five). The Athletic Office suggests that teams purchase reversible jerseys with numbers on both the front and back of the uniform. Violations of the uniform rule will result in forfeiture of ball games.
- 14. <u>INSURANCE:</u> The City of Raleigh does not carry insurance to cover adult athletic participants for accidents, injuries, etc. By signing the team roster, players have waived the City of Raleigh and all others in the program of liability. Supplemental insurance may be purchased through the Parks & Recreation Department
- **15. RULES:** Each team will be issued a City of Raleigh Adult Basketball Rule Book at registration. Team managers must discuss the rules and the Code of Conduct with each player prior to the season. Each player is responsible for knowing the rules before stepping onto the court.

Non-Discrimination Policy

The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, program or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of the Raleigh Parks and Recreation Department or the Office of Equal Opportunity, U.S. Department of the Interior Washington, DC 20240.

CITY OF RALEIGH PARKS AND RECREATION ADULT BASKETBALL TEAM ENTRY FORM 2006 – 2007

FOR OFFICE USE ONLY
Entry Fee Pd.:
Part. Fee P.:
Tourn. Fee Pd.:
Total Fee Pd. :
Receipt #:
Check #:
Staff Initials:

(PLEASE TYPE OR P	RINT)					
Name of Team:						
Name of Team:	As You Wa	nt It To Appear Or	n Schedule	8 cha	aracter limit	
Team Manager:**T	eam Info Will	Be Mailed To Thi	Home: _ s Person** Ema	W uil:	/ork:	_
Address:						
City:		State:	Zip:			
Sponsor's Name:			City:			
League Preference: Circle One	1. 2. 3.	Men's Open Church Closed (Employe	ees Only)	. Women's Oper 5. Half C 6. Coed		
Returning		Combination of Past Teams		1	New Team	
Team Placement Inform Every Attempt is made t		into leagues with to	eams of similar s	skill level.		
<u>Season</u>	Team Name		<u>League</u>		<u>Finish</u>	
Estimation of Team Tale	ent: Circle On	e				
Advanced Abov	ve Average A	verage Be	elow Average	Beginner		
Special scheduling reque Please attach your reque		site and nights of p	lay requests can	not be guaranteed	1.	
**Initial here if you give	e permission fo	-	/or telephone nu	mbers to be give	n out to persons reques	ting them for an

ADULT BASKETBALL CITY TOURNAMENT 2006-07 REGISTRATION FORM

Your Division (circle one)
Men's Open Closed Church
Coed Women's Half-Century
Your League (circle one)
A B C D E F G Other:
Please fill out all information.
Team Manager
Address City St Zip
Home Phone Work Phone

You must return this form and a \$50.00 tournament entry fee to the athletic office no later than January 19th. You must be a City League team to enter.

Tournament Information;

- 1. The City Tournament will begin after the regular season has ended.
- 2. Teams will be seeded according to their standings about 80% through League play.
- 3. The City Tournament will be played in single elimination format.
- 4. Tournament games may be played at a different location and day of the week than a team's regular season schedule.

Waiver, Release of Liability and Idemnification Agreement

- I, the undersigned player, acknowledge, agree and understand that:
- 1. Voluntarily and of my own free will I elect to participate as a member of the team indicated on this roster in the City of Raleigh Adult League.
- 2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including but not limited to those hazards associated with weather, field/facility conditions, equipment, and other participants.
- 3. I understand that the very nature of athletic events is hazardous or risky, including, but not limited to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players or stationary objects, all of which can cause serious injury or death to me and to other players.

Furthermore, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated on this roster and in consideration for permission to play at the facility arranged for by the team or league:

- 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play.
- 2. I release, discharge and agree not to sue the team designated on this roster, the City of Raleigh, the field owner, or their owners, officers, agents, servents, associations, employees or any person or entity connected with the team, league or facility for any claim, damages, costs or cause of action which I have or may have in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

City of Raleigh Parks & Recreation Adult Roster Team: ______ Division: ______ League: ______ Date: ______

Player Affidavit: Each Player Must Read The Following Statement And Sign Below Before They Can Participate

I understand that by signing this roster I am under contract to play for the above named team. I certify that the below information is correct, and I am aware that I cannot play on another adult team within the same division in the Raleigh Parks & Recreation League for the current season until properly released. I agree to abide by all rules and by-laws as set forth by the Raleigh Parks & Recreation Department. Furthermore, I acknowledge that I have read and that I understand each and every one of the provisions of the Waiver, Release of Liability and Indemnification Agreement to the left, and agree to abide by them. Additionally, I understand that Alcoholic Beverages and Weapons are not permitted on City Property.

	Player's Name	Legal Address	Telephone	Number	Ral.	Res.	Player's Signature	1	Date
			Home	Work	Ves	No		Δdd	Dron
1									
2									
3									
4									
5									
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7									
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12									
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17								+	
18									
19									
20									

Closed League Employment/Organization Membership Verification

I certify that the players listed above are employed by and work the required full time hours as required by our company, or the players listed above are members in good

	Standing with our National Charter (Organization.	
Name:	Title:	Phone:	
	Personnel Director's / Organization Off	ficer's Signature:	
	(Must be made by someone who is no	ot on the team)	

Church League Verification

I certify that all of the above named players attend services at least three times a month.

Name:	Phone:
Pastor's signature:	

(Must be made by someone who is not on the team)